



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and, generics (with the exception of extended release amphetamine-dextroamphetamine, atovaquone, budesonide inhalation solution, buprenorphine products, carisoprodol products, clonidine patches, extended release clonidine, extended release dexamethylphenidate, extended release guanfacine, immediate release dexamethylphenidate, diazepam rectal kit, esomeprazole magnesium, lidocaine topical patch, lindane, modafinil, omeprazole-sodium bicarbonate, and tobramycin inhalation solution) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Actos*	Kombiglyze XR	Relpax
Adderall XR*	Lantus	Ritalin*
Aerospan	Lantus Solostar	Serevent Diskus
Anoro Ellipta	Lidoderm*	Sklice
Aricept*	Menest	Spiriva Handihaler
Aricept ODT*	Mentax	Strattera
Asmanex Twisthaler	Mepron*	Tamiflu <sup>†</sup>
Atrovent HFA	Nasonex	Tobi*
Bactroban Nasal	Nexium*	Tradjenta
Bepreve	Niacor	Ulesfia
Bethkis	Nitro-Bid	Vyvanse
Catapres-TTS*	Nitrostat	Zovirax (cream only)
Capex Shampoo	Novolog	
Cipro HC	Novolog Mix 70-30	
Ciprodex	Onglyza	
Combivent Respimat	Oxytrol	
Coumadin*	Pataday	
Diastat*	PegIntron	
Diastat Acudial*	Prandin*	
Dulera	Premarin (tabs only)	
Elidel	ProAir HFA	
Focalin*	Proventil HFA	
Focalin XR*	Provida DHA	
Intuniv*	Provigil*	
Janumet	Pulmicort Respules*	
Janumet XR	QNASL	
Januvia	QNASL Children	
Jentadueto	QVAR	
Kapvay*	Relenza <sup>†</sup>	

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 4/1/2016